

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33615

33615

REC'D SEP 16 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2245

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 3 MONS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Du Quoin - 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6506 Crest		d. STREET ADDRESS (If rural, give location) 333 EAST FRANKLIN	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) c. (Last) McCollum		4. DATE OF DEATH (Month) (Day) (Year) 9-6-52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 11-25-1878
9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER	10b. KIND OF BUSINESS OR INDUSTRY COAL	11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN 9
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ISAAC McCollum	13b. MOTHER'S MAIDEN NAME Melissa Mitchell	14. NAME OF HUSBAND OR WIFE UNKNOWN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 342-05-9037	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EARL McCollum - Du Quoin, Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Stomach DUE TO (c) 151X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 Mo 8 Mo
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19a. DATE OF OPERATION 6/24/52	19b. MAJOR FINDINGS OF OPERATION Advanced Carcinoma of Stomach	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JUNE 15, 1952**, to **Sept 6, 1952**, that I last saw the deceased alive on **Sept 6, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE James H. Houston M.D. (Degree or title)	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 9/8/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - S	24b. DATE 9-7-52	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Du Quoin - Ill.
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DATE REC'D BY LOCAL REG. 9-9-52	REGISTRAR'S SIGNATURE Hebert R. Dombke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MOSENROEDER - Du Quoin - Ill.
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26. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ronald O. Yankin

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.